

9199

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 117	
STANDARD CERTIFICATE OF DEATH		COUNTY <u>Graham</u>	STATE <u>ARIZONA</u>	REGISTERED NO. <u>7</u>			
TOWNSHIP <u>Safford, Ariz</u>		OR VILLAGE		OR			
CITY <u>Safford</u>		NO.		WARD			
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>17</u> YRS.		MOS.		DS.		HOW LONG IN U. S. IF OF FOREIGN BIRTH <u>54</u> YRS.	
MOS.		DS.		MOS.		DS.	
2. FULL NAME <u>Joseph Frank Worden</u>		HOW LONG IN STATE WHEN DEATH OCCURRED <u>54</u> YRS.		MOS.		DS.	
(A) RESIDENCE: NO. <u>5 Safford, Ariz</u>		ST.		WARD.		NON-RESIDENTS GIVE CITY OR TOWN AND STATE	
(USUAL PLACE OF ABODE)							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan. 11, 1936</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emmie Mildred Worden</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Dec. 25, 1935</u> TO <u>Jan. 11, 1936</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6-1879</u>				I LAST SAW HIM ALIVE ON <u>Jan. 11, 1936</u> , DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>10:30 P.M.</u>			
7. AGE <u>56</u> YEARS	MONTHS <u>10</u>	DAYS <u>5</u>	IF LESS THAN 1 DAY, HRS. OR MIN.	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Angina pectoris</u>			
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Janitor</u>				DATE OF ONSET <u>Dec. 25</u>			
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Safford School</u>							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>Dec. 24-35</u>				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>14</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Parguayan, Neb.</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Coronary infarct</u>			
13. NAME <u>Malchias P. Worden</u>				NAME OF OPERATION _____ DATE OF _____			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Abbott, N.Y.</u>				WHAT TEST CONFIRMED DIAGNOSIS? <u>Clinical</u> WAS THERE AN AUTOPSY? _____			
15. MAIDEN NAME <u>Martha McFate</u>				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mo.</u>				WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
17. INFORMANT <u>Anna Worden</u>				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home</u> DATE <u>Jan. 13, 1936</u>				MANNER OF INJURY _____			
19. EMBALMER (LICENSE NO. <u>116a</u>) SIGNATURE <u>Dr. C. Rawson</u>				NATURE OF INJURY _____			
FUNERAL DIRECTOR <u>Dr. C. Rawson</u> ADDRESS <u>Safford, Ariz</u>				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____			
20. FILED <u>Oct 9, 1936</u> REGISTRAR <u>Dr. C. Rawson</u>				IF SO, SPECIFY <u>Fun. Burial</u> (SIGNED) <u>Dr. C. Rawson</u> M. D. ADDRESS <u>Safford, Arizona</u>			